

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION

WEEKLY TRAINEE REPORT

REPORT NO. _____

WEEK ENDING DATE _____

PRIME SUB CONTRACTOR _____

PROJECT NO. _____

NAME OF TRAINEE	CODE	CLASSIFICATION	DAY OF WEEK							.TOTAL HOURS WKLY	RATE OF PAY	TOTAL HOURS	REMARKS STATUS
			S	M	T	W	T	F	S				
			HOURS WORKED EACH DAY										

I certify that, to the best of my knowledge and belief, the above hours are correct.

SIGNATURE _____
(INSPECTOR)

SIGNATURE _____
(CONTRACTOR)

TITLE _____

ORIGINAL - District Office

Copy Project Inspector

Copy - Contractor